

EXHIBIT B



Beneficiary Change Form

- ☐ Transamerica Financial Life Insurance Company
 Home Office: Harrison, New York
☐ Transamerica Life Insurance Company
☒ Transamerica Premier Life Insurance Company
 Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

Section 1: Policy Information

Policy Number(s) 6600534140	Owner(s) Tom Retzlaff
Owner Address PO Box 46424	City/State/Zip Phoenix, AZ 85063-6424
Insured/Annuitant Tom Retzlaff	Insured/Annuitant Social Security Number [REDACTED] 5528

Section 2: Instructions and Signature Requirements

PRIMARY BENEFICIARY: Receives any proceeds payable at the insured's death.

CONTINGENT BENEFICIARY: Receives proceeds only if no primary beneficiary(ies) survives the insured.

TRUST-OWNED POLICIES: The complete name and date of the trust should be listed in Section 1. Trustee(s) must sign in Section 5. A Trustee Certification Form and a copy of a Corporate Resolution, if applicable, for a corporate trustee, must be on file or included with this Beneficiary Change Form.

POWER OF ATTORNEY/GUARDIAN/CONSERVATOR: An attorney in fact or court-appointed guardian of the estate or conservator may sign on behalf of the policy owner in accordance with state laws or pursuant to a specific court order. A copy of the letters of guardianship/conservatorship/power of attorney must be on file with the Company or submitted with this Beneficiary Change Form.

BUSINESS/ENTITY-OWNED POLICIES: If a corporation, partnership or institutional body is the policy owner, an Entity Certification Form or a copy of a Corporate Resolution must be on file with the Company or submitted with this Beneficiary Change Form.

NAMING A FUNERAL HOME AS A BENEFICIARY: When a funeral home is named as the beneficiary, there is a possibility that the proceeds from the policy may exceed the cost of the funeral. The funeral home may not be obligated to refund the remainder of the proceeds. You may have the option to collaterally assign the policy instead. You may wish to speak with your agent, attorney or financial planner for additional information on establishing payment to a funeral home.

IRREVOCABLE BENEFICIARIES: To name your beneficiary as irrevocable, please write "Irrevocable" next to the name of the beneficiary on the form. If a beneficiary is named as irrevocable, the beneficiary designation cannot be changed without the consent of the irrevocable beneficiary. The irrevocable beneficiary may be required to sign other requests for changes to, or disbursements from, the policy.

TRUST BENEFICIARIES: If a trust is named beneficiary, the Company shall not be responsible for the disposition by the trustee of any proceeds paid to the trustee. The full name and date of the trust is required.

MINOR BENEFICIARIES: Any payment to a minor beneficiary shall be made to the legally appointed guardian of the estate or conservator of the minor, unless otherwise permitted by law. Beneficiary designations to a minor should include a legally appointed guardian/conservator.

PERCENTAGES: Please do not specify dollar amounts. Use percentages totaling 100% for primary and contingent designations. Primary beneficiaries should total 100% and contingent beneficiaries should independently total 100%.

Policy Number _____

Section 3: Primary Beneficiary Information

If additional space for Primary Beneficiaries is needed, please attach additional pages.

☐ For annuity policies only: Check here if the below change of beneficiary is due to a divorce.If the policy has a joint life rider you may be able to change your primary beneficiary. **Both parties' notarized signatures and date will be required.** The Owner agrees to continue to pay the joint rider fees and receive lower joint life/ rider payments for any withdrawals and forfeit any benefit for the Ex-Spouse (i.e., the joint life portion of the rider).**(i) If this section is left blank, the primary beneficiary will remain as currently listed on policy.**

The Primary Beneficiary Percentage Total must equal 100%.

Name Collin A. Retzlaff 90 %

Relationship

son

Birth or Trust Date

1990

Address

11833 W. Rosewood Dr.

City/State/Zip

El Mirage, AZ 85335

Phone Number

602-582-1962

SSN or Tax ID Number

7679

Name

Denise A. Hollas

10 %

Relationship

ex-wife

Birth or Trust Date

1964

Address

11833 W. Rosewood Dr.

City/State/Zip

El Mirage, AZ 85335

Phone Number

623-293-6939

SSN or Tax ID Number

5215

Name

%

Relationship

Birth or Trust Date

Address

City/State/Zip

Phone Number

SSN or Tax ID Number

Name

%

Relationship

Birth or Trust Date

Address

City/State/Zip

Phone Number

SSN or Tax ID Number

PLEASE SIGN AND DATE FORM IN SECTION 5

Policy Number _____

Section 4: Contingent Beneficiary Information

If additional space for Contingent Beneficiaries is needed, please attach additional pages.

Primary and contingent beneficiaries cannot be the same.

i If the contingent beneficiary section is left blank, the current contingent beneficiary designations will be revoked.**The Contingent Beneficiary Percentage Total must equal 100%.**

Name		%
Relationship	Birth or Trust Date	
Address	City/State/Zip	
Phone Number	SSN or Tax ID Number	
Name		%
Relationship	Birth or Trust Date	
Address	City/State/Zip	
Phone Number	SSN or Tax ID Number	
Name		%
Relationship	Birth or Trust Date	
Address	City/State/Zip	
Phone Number	SSN or Tax ID Number	
Name		%
Relationship	Birth or Trust Date	
Address	City/State/Zip	
Phone Number	SSN or Tax ID Number	

PLEASE SIGN AND DATE FORM IN SECTION 5

Policy Number _____

Section 5: Signatures and Date**i** Please Note: All policy owners must sign this Beneficiary Designation Form.

Owner SSN

Phone Number

Joint Owner SSN

Phone Number

[REDACTED] 5528 210-317-9800

10/29/2020

Owner Signature

Date

Joint Owner Signature (If Applicable)

Date

Notary Public Stamp (If Applicable)



Notary Signature:

Notary Public Stamp (If Applicable)

Notary Signature: _____

Irrevocable Beneficiary Signature (if applicable) Date

Witness Signature (only required in MA for life policies) Date

Signature of the policy owner in MA must be witnessed by someone over the age of 18, not related to the policy owner(s), and not a named beneficiary.*Section 6: Confirmation**

A confirmation of the change will be mailed to the owner's address of record, unless one of the below options is selected. If there is more than one owner, please designate one email address or fax number. **Email and fax are not available for all products.**

☒ I would like confirmation of this change, or any questions related to the requested change, securely emailed to me at the email address provided below.

t_retz@hotmail.com

Email Address

☐ I would like confirmation of this change, or any questions related to the requested change, faxed to the fax number below.

Fax Number



4333 Edgewood Road NE | Cedar Rapids, IA 52499 | www.transamerica.com

Tom C Retzlaff
PO Box 46424
Phoenix, AZ 85063-6424

November 10, 2020

Policy Number: 6600534140
Insured: Tom C Retzlaff

Dear Tom C Retzlaff:

Thank you for being a valued Transamerica customer. Based on information you recently provided, we've updated your policy to show the following beneficiary designations:

Beneficiary Name	Beneficiary Type	Irrevocable	Benefit
Collin A Retzlaff	Primary	No	90%
Denise A Hollas	Primary	No	10%
None Listed	Contingent		

Please keep this letter for your records.

If you have questions about this letter, give us a call at 800-852-4678, Monday through Friday between 9:00 a.m. and 6:00 p.m. ET. We're glad to help.

Best regards,

Transamerica

cc: 1086635 -CHARAN J SINGH



RECEIVED AS IS

Transamerica Life Insurance Company
Home Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499
(the "Company")

Beneficiary Designation Form

Policy Number: 6600534140

Insured's Name: Tom Retzlaff

Owner's Name Tom Retzlaff		
Address PO Box 46424		
City Phoenix, AZ	State AZ	Zip 85063-6424

Written confirmation of this change, if recorded by the Company, will be mailed to the owner's address unless otherwise indicated below and initialed by the owner.

Return confirmation to:

Owner's Initial

☐ General Agency/GA Code _____☐ Fax to: () _____☐ Check if new address update is needed.

This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the Policy identified by the number above. Please see instructions, signature requirements, special provisions, and sample Beneficiary Designations before completing the form. If this form is recorded by the Company, such recording does not mean that the Company has passed on the legal adequacy or validity of the transaction requested.

Print the beneficiary's full name, address and relationship to the insured. The Policy's death benefit will be paid to multiple beneficiaries in equal shares unless otherwise indicated. For multiple beneficiaries of unequal shares, indicate each beneficiary's share in percentage of the Policy's Death Benefit next to their names. (See next page for additional instructions.)

Primary Beneficiary(ies): If more than one beneficiary is named, and any beneficiary(ies) predecease the Insured, payment of the share(s) that would have been payable to the deceased beneficiary(ies) will be made in equal shares to the surviving beneficiary(ies) unless otherwise indicated. Percentage for both the primary and contingent beneficiary, if applicable, must separately equal 100%.

Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
Tayjalaya Storm Williams,	13022 W. Columbine Dr.,	El Mirage, AZ 85335	Spouse / domestic partner	75%
Collin A. Retzlaff,	11833 W. Rosewood Dr.,	El Mirage, AZ 85335	Son	25%

Contingent Beneficiary(ies): Receives proceeds at the death of the Insured only if all of the Primary Beneficiaries predecease the Insured.

Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
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210-317-9800

Owner's Daytime Telephone Number

Irrevocable Beneficiary Signature (if applicable)

Witness Signature

Address of Witness

Tom Retzlaff

Print Owner's Complete Name

5528

Owner's Social Security Number/Tax ID Number

Owner's Signature (include Title, if Business or Trust)

Owner's Signature (include Title, if Business or Trust)

Date Signed: May 20, 2021





4333 Edgewood Road NE | Cedar Rapids, IA 52499 | www.transamerica.com

Tom C Retzlaff
PO Box 46424
Phoenix, AZ 85063-6424

June 1, 2021

Policy #: 6600534140
Insured Name: Tom C Retzlaff

Dear Tom C Retzlaff:

Thank you for being a valued Transamerica customer. Based on information you recently provided, we've updated your policy to show the following beneficiary designations:

Beneficiary Name	Beneficiary Type	Irrevocable	Benefit
Tayjalaya Storm Williams	Primary	No	75%
Collin A Retzlaff	Primary	No	25%
None Listed	Contingent		

Please keep this letter for your records.

If you have questions, please contact your insurance agent or give us a call at 800-238-4302, weekdays 9 a.m. – 6 p.m. ET. We can also be reached by fax at 800-235-4782 or by email at tii.customerservice@transamerica.com.

Best regards,

Transamerica

cc: Selectquote Insurance Services 13593



Transamerica Life Insurance Company
Home Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499
(the "Company")

Beneficiary Designation Form

Policy Number: 6600534140

Insured's Name: Tom Retzlaff

Owner's Name Tom Retzlaff		
Address PO Box 46424		
City Phoenix, AZ	State AZ	Zip 85063-6424

Written confirmation of this change, if recorded by the Company, will be mailed to the owner's address unless otherwise indicated below and initialed by the owner.

Return confirmation to:

Owner's Initial

☐ General Agency/GA Code _____

☐ Fax to: () _____

☐ Check if new address update is needed.

This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the Policy identified by the number above. Please see instructions, signature requirements, special provisions, and sample Beneficiary Designations before completing the form. If this form is recorded by the Company, such recording does not mean that the Company has passed on the legal adequacy or validity of the transaction requested.

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Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
Tayjalaya Storm Williams	13022 W. Columbine Dr., El Mirage, AZ	85335	Wife	100%

Contingent Beneficiary(ies): Receives proceeds at the death of the Insured only if all of the Primary Beneficiaries predecease the Insured.

Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
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210-317-9800

Owner's Daytime Telephone Number

Irrevocable Beneficiary Signature (if applicable)

Witness Signature

Address of Witness

Tom Retzlaff

Print Owner's Complete Name

5528

Owner's Social Security Number/Tax ID Number

Owner's Signature (include Title, if Business or Trust)

Owner's Signature (include Title, if Business or Trust)

Date Signed: August 28, 2021

